

## **National Weather Service Office of Science and Technology (OST) Telework Pilot Project**

### **1. Statement of OST Telework Pilot Project**

The OST recognizes the wide range of benefits that Telework can offer. The Office proposes a six month telework pilot project. This telework program was developed in accordance with OPM published guidelines (<http://www.opm.gov/wrkfam/telecomm/telecomm.htm>) and closely follows the model of the pilot project recently finished in the Office of Hydrologic Development. OST's pilot project will start on January 1, 2003, and end on June 30, 2003. It will consist of a 5 month Introductory phase, from January 1, 2003, to May 31, 2003, and a one month Evaluation phase, from June 1 to June 30. Based on the results of the evaluation, the project will either be implemented, amended or terminated.

### **2. Definitions**

Eligible Employee - Any government employee whose work activities are portable and can be performed effectively outside the conventional office is eligible.

Alternative Workplace - A worksite other than the Official Duty Station; usually a Telecenter or the employee's home.

Telework - Working at the employee's approved alternative workplace.

Attachment A - The "Employee - Supervisor Agreement" lays out the period and schedule of telework, and the policies with which each party agrees. This document must be signed by both the employee and supervisor before telework begins.

Attachment B - The "Screen Out Criteria Checklist" is a series of questions the supervisor must answer regarding any employee wishing to participate in the telework program. This checklist serves the purpose of determining whether or not an employee's duties and work history are appropriate for telework. After completion, the employee and supervisor shall discuss the supervisor's responses and clarify expectations.

Attachment C - The "Safety Inspection Checklist" is a series of questions the employee is required to complete. The employee's signature on the checklist certifies that the alternative workplace meets established safety criteria. The checklist is then reviewed, and signed by the supervisor if safety criteria are met.

Attachment D - The "Termination Form" is to be filled out when either the employee or the supervisor decides to terminate an employee's participation in the telework program.

### 3. Participation

a) Type of participation - Employees may participate in the program: on a regular or ad-hoc basis, or in the case of a family medical need. In all cases, the work schedule should be identified in the employee/supervisor agreement (Attachment A).

*Regular Schedule* - The employee works from the alternative workplace one or two days each week.

*Ad-Hoc Basis* - When working from the alternative workplace would allow an employee to focus on critical or time sensitive projects, a short-term agreement for 5 days or less may be invoked. This arrangement would still be subject to the Selection Criteria (3b) and the Screen Out Criteria Checklist.

*Family Medical need* - To accommodate special medical needs in accordance with Department and NOAA regulations and the Family Medical Leave Act, a telework arrangement may be put into place. Appropriate documentation is required to justify this option. Extensions may be granted to an initial request. Examples of special needs would be: 1) working at home during personal convalescence from a short-term injury or illness; and 2) time saved from not having to commute would allow the employee to work and take sick or convalescing family members to doctor's appointments. (See Family Medical Leave Act for further guidelines.)

b) Selection Criteria - Employees volunteer to participate in the telework program. The employee voluntarily agrees to work at the agency-approved alternative workplace and to adhere to the applicable guidelines and policies. The supervisor concurs with employee participation and adheres to the applicable guidelines and policies. The telework arrangement is not an employee entitlement, but an additional method the agency may approve to accomplish work. Participating employees are subject to the Screen Out Criteria Checklist (Attachment B) and will sign the telework employee/supervisor agreement (Attachment A).

To be eligible for selection in the telework program, the employee must be performing at the pass level (on the pass-fail performance appraisal system currently in place) in each critical element of the current performance appraisal plan. The employee will complete assigned work in accordance with the supervisor's direction and the employee's performance plan.

c) Continuation in Project - Employee participation in the telework project is contingent upon successful performance. Cancelling the telework arrangement may be done by the employee or the supervisor.

### 4. Schedules

a) Work Schedule - Employees will work within the already established OST Alternate Work Schedules or Union negotiated agreement. This in no manner alters or replaces existing Compensatory Time guidelines.

b) Leave - The policies for requesting leave remain unchanged. Employees are responsible for requesting leave in advance from supervisors and keeping timekeepers informed of leave usage.

c) Meetings - OST management can request the employee's attendance at meetings, classes, or other events irrespective of planned telework schedules. If such a meeting must be held in person with the employee who is in the telework program, the meeting shall be held at the official duty station. Other meetings may be attended by the employee via the telephone.

d) Emergency/Administrative Closings - Although a variety of circumstances may affect individual situations, the principles governing administrative leave, dismissals, and closing remain unchanged. The ability to conduct work (and the nature of any impediments), whether at the alternative workplace or at the conventional office, determines when an employee may be excused from duty. Likewise, when administrative leave is granted for non-emergency reasons, the employee's duty status, and not his/her location, determines eligibility for leave. For example, if severe weather conditions and hazardous commuting difficulties necessitate the conventional office closing, and if the employee is working at home, normally, the telework employee will continue working at home. Using this same example, if the employee's work site at home also is affected (for example, the employee's electricity fails because of the severe storm), or OPM has declared the entire government closed for a full day, the supervisor may grant administrative leave. Appropriate supporting documentation may be required to demonstrate that the employee's worksite at home is affected. If the alternative workplace is not suitable for work, and OPM has not declared the government closed, the employee should request leave or report to the official duty station.

## 5. Responsibilities

a) Approving Official - The Approving Official will authorize all participation in the telework program and evaluate the impact of the program on the efficiency, effectiveness, and employee satisfaction of work operations within their organizations. The Approving Official is the Office Director or a designee.

b) Supervisors - The Office Director, Laboratory/Division Chiefs, and Branch Chiefs are responsible for the overall management and success of the telework program. In this document, the term "supervisors" includes the Office Director, Laboratory/Division Chiefs, and Branch Chiefs and any supervisor to whom actions have been specifically delegated.

Supervisors will: 1) select the employees to participate from those individuals volunteering; 2) provide guidance as needed for work performed at the alternative workplace; 3) evaluate employee performance for their continued participation in the telework program; 4) adjust individual telework arrangements to meet the needs of the units they supervise; and 5) maintain records and information necessary for evaluation of the program.

c) Employees -

Employees must: 1) provide information to complete work agreements ( Attachments A, B, and

C); 2) observe agreed-upon hours of work in accordance with established policies; 3) observe policies on requesting leave when leave is to be taken; 4) agree to be available by phone or email during duty hours; and 5) indicate their telework dates and contact information in their Netscape calendar.

## 6. Equipment and Supplies

- a) OST is not obligated to provide computer equipment or pay for the costs associated with computer installation, associated equipment, or additional telephone services. Provision of existing laptop computers or other resources should be determined on availability and as needed basis. Generally, new equipment will not be purchased solely to support the employee at the alternative workplace. The employee should already have the basic equipment to do the work.
- b) Telephone cards may be provided to employees to cover the costs of long distance phone calls required during duty hours at the alternative workplace. Calling logs should be maintained.
- c) If OST equipment is placed in the alternative workplace, the Government retains ownership and control of hardware, software, and data. Such equipment is for official use only, and its repair and maintenance are the responsibility of the agency.
- d) OST will provide the necessary office supplies and basic software licensed for alternative workplace use (e.g. virus software, Netscape, Corel Suite). Not all specialized software will be available for alternative workplace use.

## 7. Training

All employees and managers in OST will be fully apprised of the scope and boundaries of the OST Telework Pilot Project before anyone begins participating. An all-hands meeting will be held to start the program.

**OST Telework Program  
Employee/Supervisor Agreement**

The supervisor and the employee should each keep a copy of the agreement for reference.

The following constitutes an agreement on the terms and conditions of the Telework Program between:

Organization: OST

Employee: \_\_\_\_\_

**1. Voluntary Participation:**

Employee voluntarily agrees to work at the OST-approved alternative workplace indicated below and to follow all applicable policies and procedures. The Telework Screen Out Criteria Checklist (Attachment B) has been completed by the supervisor. Employee recognizes that the telework arrangement is not an employee entitlement but an additional option that OST may approve to accomplish work.

**2. Trial Period:**

Employee and OST agree to try out the arrangement for a period beginning \_\_\_\_\_, and ending \_\_\_\_\_, unless unforeseeable difficulties require earlier cancellation. Extension may be provided contingent upon review and approval.

Employee participation will be on:

\_\_\_\_\_ A regular basis

\_\_\_\_\_ An ad-hoc basis of no more than \_\_\_\_\_ days within the above period

\_\_\_\_\_ The basis of family medical needs.

**Note:** The screen out criteria will be reviewed by the supervisor and the employee as needed, and management or the employee may terminate participation in this program at any time.

**3. Salary and Benefits:**

OST agrees that a telework arrangement is not a basis for changing the employee's salary or benefits.

**4. Duty Station and Alternative Workplace:**

OST and employee agree that the employee's official duty station is (*indicate duty station for regular office*) \_\_\_\_\_ and that the employee's approved alternative workplace is: (*specify street and number, city, state, and telephone number*) \_\_\_\_\_

**Note:** All pay, leave, and travel entitlement are based on the official duty station.

**5. Official Duties:**

Unless otherwise instructed, employee agrees to perform official duties only at the regular office or OST-approved alternative workplace. Employees are expected to follow the standards of ethical conduct while working at the alternative workplace. This includes not conducting personal business while in official duty status at the alternative workplace, for example, caring for dependents or making home repairs. Employee also agrees to be available by phone or E-mail to the extent required by their official duties.

**6. Work Schedule and Tour of Duty:**

OST and employee agree the employee's official tour of duty at the alternative workplace will be: (*specify days of the week, and hours*).  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Existing NOAA guidelines for alternate work schedule or union negotiated agreements still apply.

**7. Time and Attendance:**

OST agrees to make sure the telework employee's timekeeper has a copy of the employee's work schedule. The supervisor and the employee agree to certify biweekly the time and attendance for hours worked at the regular office and the alternative workplace.

**8. Leave:**

Employee agrees to follow established office procedures for requesting and obtaining approval of leave.

**9. Overtime/Compensatory Time:**

Employee agrees to work overtime/compensatory time only when ordered and approved by the supervisor in advance and understands that overtime/compensatory work without such approval is not compensated.

**10. Equipment/Supplies:**

If employee borrows government equipment, employee will borrow and protect the equipment in accordance with applicable procedures. Government-owned equipment will be serviced and maintained by the government. If employee provides own equipment, this is at option of employee, who is responsible for purchasing, servicing, and maintenance costs. The government will not be liable for reimbursing employees for such costs. OST agrees to provide the employee with all necessary office supplies and also reimburse the employee for business-related long distance telephone calls.

**11. Security:**

The employee agrees to provide certification of completing NOAA's web-based IT Security Awareness Course and to adhere to the Government security provisions (See Policies, Regulations, and Laws at <https://www.csp.noaa.gov/policies/index.html>)

**12. Liability:**

The employee understands that the Government will not be liable for damages to an employee's personal or real property while the employee is working at the approved alternative workplace, except to the extent the Government is held liable by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act.

**13. Work Area:**

The employee agrees to provide a work area adequate for performance of official duties. The employee agrees to permit the Government to inspect the alternative workplace during the employee's normal working hours to ensure proper maintenance of Government-owned property and conformance with safety standards. The employee has conducted and passed a safety inspection of alternative workplace using the Telework Safety Inspection Checklist (Attachment C). It is the employee's responsibility to keep the inspection current; notifying the supervisor of any safety status changes as they occur.

**14. Alternative Workplace Costs:**

The decision to fund the use of a telecenter as the alternative workplace rests with the Office Director, and is subject to budgetary constraints. The employee understands that the Government will not be responsible for any operating costs that are associated with the employee using his or her home as an alternative worksite, for example, home maintenance, insurance, or utilities. The employee understands he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulations.

**15. Injury Compensation:**

Employee understands he or she is covered under the Federal Employee's Compensation Act if injured in the course of actually performing official duties at the regular office or the alternative duty station. The employee agrees to notify the supervisor immediately of any accident or

injury that occurs at the alternative workplace and to complete any required forms. The supervisor agrees to investigate such a report immediately.

**16. Work Assignments/Performance:**

Employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards in the employee performance plan. The employee agrees to provide regular reports if required by the supervisor to help judge performance. The employee understands that a decline in performance may result in canceling the alternative workplace arrangement.

**Note:** Employee's most recent performance rating of record and current performance must be at the "Meets or Exceeds" level.

**17. Disclosure:**

Employee agrees to protect Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a. Computer equipment used at the alternative workplace must meet the security guidelines stated in the NOAA IT Security Awareness Course.

**18. Standards of Conduct:**

Employee agrees he or she is bound by Government standards of conduct while working at the alternative worksite.

**19. Cancellation:**

OST agrees to let the employee resume his or her regular schedule at the regular office after notice to the supervisor. Employee understands that OST may cancel the telework program and instruct the employee to resume working at the regular office. OST agrees to follow any applicable administrative or negotiated procedures.

**20. Other Action:**

Nothing in this agreement precludes OST from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of this agreement.

**22. Survey:**

At intervals specified in the Telework guide, the supervisor and the employee will complete surveys which summarize telework impact on the office, the employee, the supervisor, and other organizational elements.

Employee's Signature and Date: \_\_\_\_\_

Supervisor's Signature and Date: \_\_\_\_\_



ATTACHMENT B

SCREEN OUT CRITERIA CHECKLIST

Employee's Name: \_\_\_\_\_

Title, Series, Grade: \_\_\_\_\_

1. Frequent face-to-face contacts with clients and/or co-workers is vital in order to complete this project. YES \_\_\_ NO \_\_\_
2. Frequent supervisory review, while work is in progress, is required as a routine part of this job. YES \_\_\_ NO \_\_\_
3. The technical tools used to perform essential aspects of the employee's tasks cannot be provided at the alternative workplace. YES \_\_\_ NO \_\_\_
4. Security reasons prevent information from being used at the home which is needed to perform the work effectively. YES \_\_\_ NO \_\_\_
5. Most recent performance rating does not meet expectations. YES \_\_\_ NO \_\_\_
6. Are there any kinds of disturbances which would distract the employee from performing work at the home (e.g. numerous non-work related interruptions or loud noises)? YES \_\_\_ NO \_\_\_
7. Performance during prior telework assignments did not meet expectations. YES \_\_\_ NO \_\_\_

Answering YES to any of the above questions will normally eliminate a person from consideration in the OST Telework program.

Provide explanation below if employee is screened out on one or more criteria and is still being recommended for the OST Telework program.

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

OST TELEWORK SAFETY INSPECTION CHECKLIST

NOTE: Some information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to 5 U.S.C. 552a.

SECTION 1 - EMPLOYEE AND WORKSITE INFORMATION

Employee's Name: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Briefly describe worksite location within the home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 2 - LIST OF ITEMS/CONDITIONS TO INSPECT

The following checklist is designed to assess the overall safety of the home. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor.

- |   |                        |
|---|------------------------|
| 1. Are the temperature, noise, ventilation, air quality, and lighting levels appropriate for maintaining your normal level of job performance?  | YES ___ NO ___ N/A ___ |
| 2. Is there a potable (drinkable) water supply?   | YES ___ NO ___ N/A ___ |
| 3. Are lavatories available with hot/cold running water?  | YES ___ NO ___ N/A ___ |
| 4. Are all stairs with four or more steps equipped with handrails?  | YES ___ NO ___ N/A ___ |
| 5. Are all circuit breakers and/or fuses for the work area labeled as intended, and do they clearly indicate if they are in the open or closed position?  | YES ___ NO ___ N/A ___ |
| 6. Is all electrical equipment free of recognized hazards which would cause physical harm (frayed wires, bare conductors, loose wires, overuse of extension cords, exposed wires fixed to the ceiling, etc.)? | YES ___ NO ___ N/A ___ |
| 7. Is all electrical equipment properly grounded?   | YES ___ NO ___ N/A ___ |
| 8. Is there a functional smoke detector in or near the work area?   | YES ___ NO ___ N/A ___ |
| 9. Is there a fire extinguisher near the work area?   | YES ___ NO ___ N/A ___ |

## OST TELEWORK SAFETY INSPECTION CHECKLIST

10. Are aisles, doorways, and corners free of obstruction to permit visibility and movement? YES \_\_\_ NO \_\_\_ N/A \_\_\_
11. Is the work area furnished so that there is adequate room to safely move around? YES \_\_\_ NO \_\_\_ N/A \_\_\_
12. Are file cabinets and storage closets arranged so drawers and doors do not open into hallways? YES \_\_\_ NO \_\_\_ N/A \_\_\_
13. Is furniture sturdy (e.g., no loose legs, tops, backs, casters, wheels, rungs, etc.)? YES \_\_\_ NO \_\_\_ N/A \_\_\_
14. Is the work area free of all tripping hazards, including telephone lines, electrical cords, extension wires, etc.? YES \_\_\_ NO \_\_\_ N/A \_\_\_
15. Is the work area neat and clean? YES \_\_\_ NO \_\_\_ N/A \_\_\_
16. Are the floor surfaces clean, dry, level, with any carpets secured and free of worn or frayed seams? YES \_\_\_ NO \_\_\_ N/A \_\_\_
17. Do chairs provide adequate back support for the work to be accomplished? YES \_\_\_ NO \_\_\_ N/A \_\_\_
18. If applicable, is your computer work area "ergonomically friendly" (e.g., feet can be flat on the floor and under the desk with enough leg room, comfortable with placement of monitor and keyboard, monitor screen free from noticeable glare and at eye level)? YES \_\_\_ NO \_\_\_ N/A \_\_\_
19. Does your computer meet the security guidelines as stated by the NOAA IT Security Awareness Course (<https://www.csp.noaa.gov/policies/index.html>)? YES \_\_\_ NO \_\_\_ N/A \_\_\_

**NOTE: Employee is responsible for informing the supervisor of any change to the work area which results in a safety status change, or if any accidents occur while working at the home.**

## SECTION 3

I have conducted the above safety inspection of the worksite area of the home. The results of the inspection are noted above.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

The following actions are required for this home to meet the safety checklist standards:

\_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## TELEWORK TERMINATION FORM

The telework option is not an employee right but rather falls under the supervisor's discretion to determine how work should be accomplished with the organization. Termination from the telework agreement can be either voluntary or involuntary. This is notification that the telework agreement which was signed on \_\_\_\_\_ is no longer in effect and is hereby terminated.

Termination is based on (Please check one):

☐ Voluntary Withdrawal

☐ Involuntary Withdrawal

If involuntary terminated, this decision was based on:

☐ Requirements of the Current Work Assignment

☐ Reassignment or Change in Duties

☐ Lack of Office Coverage

☐ Failure to Maintain Eligibility Standards (Please specify):

☐ Other (Please Specify):

Receipt Acknowledged

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## NWS Telework Progress/Evaluation Report

OFFICE NAME: \_\_\_\_\_

REPORTING DATE: \_\_\_\_\_

OFFICE CONTACT :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Total Number of Employees in your Office: \_\_\_\_\_

2.Total Number of Employees Eligible to Telework (%) \_\_\_\_\_

3.Total Number of Employees Teleworking \_\_\_\_\_

Regular/Regularly Scheduled \_\_\_\_\_

Episodic/AdHoc/Situational \_\_\_\_\_

Medical \_\_\_\_\_

Other \_\_\_\_\_ (specify)\_\_\_\_\_

3(a). Number of Teleworkers within the Washington, D.C. Metro Area \_\_\_\_\_

3(b). Number of Teleworkers outside the Washington, D.C. Metro Area \_\_\_\_\_

3(c). Number of Teleworkers using Telecenters \_\_\_\_\_

If so, define costs per employee. \_\_\_\_\_

4. Does your Telecommuting policy allow the following categories of employees to telework? (Check all that apply):

Executives \_\_\_\_\_

Managers \_\_\_\_\_

Supervisors \_\_\_\_\_

Temporary \_\_\_\_\_

Employees on AWS \_\_\_\_\_

Employees on Compressed Work Schedule \_\_\_\_\_

Others \_\_\_\_\_ (specify): \_\_\_\_\_

5. Scope of Telework Policy (check all that apply):

Agency-wide \_\_\_\_\_

Headquarters \_\_\_\_\_

Regional \_\_\_\_\_

Bureaus/Departmental/Subdivision \_\_\_\_\_

6. Does your policy include the following basic elements?

Identification of Positions Suitable for Telecommuting Yes \_\_\_\_\_ No \_\_\_\_\_

Definition of "Telecommuting": Yes \_\_\_\_\_ No \_\_\_\_\_

Definition of "Eligible Employee": Yes \_\_\_\_\_ No \_\_\_\_\_

Provision for Union participation: Yes \_\_\_\_\_ No \_\_\_\_\_

Performance Issues: Yes \_\_\_\_\_ No \_\_\_\_\_

Time and Attendance Issues: Yes \_\_\_\_\_ No \_\_\_\_\_

References to telecommunications, equipment, services: Yes \_\_\_\_\_ No \_\_\_\_\_

Liability and responsibility issues: Yes \_\_\_\_\_ No \_\_\_\_\_

Reporting Requirements Yes \_\_\_\_\_ No \_\_\_\_\_

Conditions of a Pilot Program (if appropriate) Yes \_\_\_\_\_ No \_\_\_\_\_

IN ADDITION:

Provide - (1) a narrative discussion of your plans for developing policies for covering 100 % of your workforce if your existing policy covers only a portion (if you wish, you may attach a copy of your policy); and (2) identify agency benefits, including morale, productivity, costs for computers/leasing licenses, etc. and/or problems/barriers associated with exercising the telecommuting program within your office.